

RELATIONSHIP OF PARITY, MATERNAL AGE AND BIRTH WEIGHT WITH THE DURATION OF THE SECOND STAGE OF LABOR

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ABSTRAK : HUBUNGAN PARITAS, UMUR IBU DAN BERAT LAHIR DENGAN LAMA PERSALINAN KALA DUA

Latar Belakang: Persalinan kala dua dimulai saat serviks telah membuka penuh dan diakhiri dengan lahirnya bayi. Lama persalinan kala II umumnya berlangsung selama 2 jam pada ibu primigravida dan satu jam pada ibu multigravida. Persalinan lama merupakan salah satu komplikasi yang dialami ibu pada persalinan kala II. Persalinan yang lama dapat menyebabkan beberapa komplikasi bagi ibu dan bayi. Persalinan yang lama dapat membahayakan ibu dan bayinya. Efek berbahaya dari komplikasi selama kala dua persalinan bagi ibu termasuk kejadian atonia uteri, laserasi, perdarahan, infeksi, kelelahan dan shock dan meningkatkan angka kelahiran dengan sayatan C-section. Sedangkan dampak berbahaya dari komplikasi persalinan kala II bagi bayi antara lain sesak napas, trauma serebral akibat tekanan pada kepala janin, luka akibat tindakan, dan ketuban pecah dini. Tingkat keparahan cedera meningkat secara terus menerus seiring dengan semakin lamanya durasi proses persalinan, dan risiko yang meningkat dengan cepat setelah 24 jam. Semakin lama persalinan, semakin tinggi morbiditas dan mortalitas. Tahap persalinan yang dipengaruhi oleh semua faktor tersebut disebut tahap kedua persalinan

Tujuan: untuk mengetahui hubungan paritas, umur ibu, dan berat badan lahir dengan lama persalinan kala II.

Metode: penelitian ini menggunakan desain penelitian kuantitatif dengan menggunakan metode survei analitik melalui pendekatan cross sectional. Sampel dalam penelitian ini dipilih dengan menggunakan metode total sampling dengan teknik purposive sampling yaitu sampelnya adalah seluruh ibu bersalin yang kebetulan hadir pada saat penelitian dilakukan di UPTD Puskesmas Karya Mukti pada bulan Agustus 2021. Kemudian Chi Uji statistik -square digunakan untuk mengetahui hubungan antara variabel independen dan variabel dependen.

Hasil: dari 30 responden, 20 responden yang paritasnya tidak berisiko (95,2%) mengalami lama persalinan kala II normal, sedangkan 5 responden (55,6%) yang paritasnya berisiko mengalami lama persalinan kala II normal. 21 responden dengan usia ibu tidak berisiko (95,5%) mengalami lama persalinan kala dua normal, sedangkan 4 responden dengan usia ibu berisiko (50%) mengalami lama persalinan kala dua normal. 23 responden (92%) dengan berat badan lahir normal mengalami lama persalinan kala II normal, sedangkan 2 responden (40%) dengan berat badan lahir besar mengalami lama persalinan kala II normal. Hasil uji statistik Chi-Square menunjukkan bahwa terdapat hubungan yang signifikan antara paritas dengan lama persalinan kala II dengan nilai p-value $0,019 \leq 0,05$ dan nilai OR 9,157. Ada hubungan yang signifikan antara usia ibu dengan lama persalinan kala II dengan p-value $0,011 \leq 0,05$ dan nilai OR 5,387, serta ada hubungan yang signifikan antara berat badan lahir dengan lama persalinan kala II. tenaga kerja dengan p-value $0,022 \leq 0,05$ dan nilai OR 3,405.

Kesimpulan: ada hubungan paritas dengan lama persalinan kala II. Ada hubungan antara usia ibu dengan lama persalinan kala II, dan ada hubungan antara berat badan lahir dengan lama persalinan kala II.

Saran : Diharapkan tenaga kesehatan lebih meningkatkan KIE (Informasi, Edukasi, dan Komunikasi) mengenai usia kehamilan aman, paritas aman dan gizi seimbang sebagai bentuk asuhan antenatal pada ibu hamil yang sangat berpengaruh terutama pada masa kehamilan kala II. tenaga kerja. Selain itu, bagi ibu hamil sebaiknya melakukan ANC yang berkualitas untuk memprediksi apakah ibu akan mengalami persalinan lama atau tidak dan juga untuk mencegah persalinan lama dan komplikasi kehamilan dan persalinan lainnya. Kemudian berdasarkan hasil pemeriksaan ANC ibu segera dirujuk ke rumah sakit/rumah bersalin yang lebih memadai untuk memantau kondisi kehamilannya sehingga dapat mencegah resiko yang akan dihadapi ibu dan janin selama persalinan.

Kata Kunci : Paritas, Usia Ibu, Berat Badan Lahir, Lama Persalinan Kala II

ABSTRACT

Background: second stage of labor begins when the cervix is fully dilated and ends with the birth of a baby. The duration of second stage of labor commonly lasts 2 hours for primigravida mothers and one hour for multigravida mothers. Prolonged labor is one of complications experienced by mothers in second stage of labor. Prolonged labor can cause several complications for both mothers and infants. Prolonged labor can harm both the mother and the infant. The harmful effects of complications during second stage of labor for mothers include the incidence of uterine atony, laceration, bleeding, infection, fatigue and shock and improving the birth rate with the C-section incision. Whereas the harmful effects of complications during second stage of labor for infants include asphyxiated, cerebral trauma caused by pressure on the head of the fetus, the injury due to action, and premature rupture of membranes. The severity of the injury increases continuously along with the longer of the duration of the labor process, and the risk of which rises quickly after 24 hours. The longer the labor, the higher the morbidity as well as the mortality. The stage of labor affected by all such factors mentioned is called the second stage of labor

Objective: to find out the relationship of parity, maternal age, and birth weight with the duration of the second stage of labor.

Methods: this study applied a quantitative research design using an analytical survey method through a cross sectional approach. The sample in this study was chosen using total sampling method with the purposive sampling technique, namely, that the sample was all maternity mothers who were coincidentally present at the time of the study at UPTD Karya Mukti Public Health Center in August 2021. Then, Chi-square statistical test was used to determine the relationship between independent variables and dependent variable.

Results: of the 30 respondents, 20 respondents whose parity was not at risk (95.2%) experienced normal duration of second stage of labor, while 5 respondents (55.6%) whose parity was at risk experienced normal duration of second stage of labor. 21 respondents whose maternal age was not at risk (95.5%) experienced normal duration of second stage of labor, while 4 respondents whose maternal age was at risk (50%) experienced normal duration second stage of labor. 23 respondents (92%) with normal birth weight babies experienced normal duration of second stage of labor, while 2 respondents (40%) with large birth weight babies experienced normal duration of second stage of labor. The results of the Chi-square statistical test showed that there was a significant relationship between parity and the duration of the second stage of labor with the p-value of $0.019 \leq 0.05$ and the OR value of 9.157. There was a significant relationship between maternal age and the duration of the second stage of labor with the p-value of $0.011 \leq 0.05$ and the OR value of 5.387, and there was a significant relationship between birth weight and the duration of the second stage of labor with the p-value of $0.022 \leq 0.05$ and OR value of 3.405.

Conclusions: there was a relationship between parity and the duration of second stage of labor. There was a relationship between maternal age and the duration of second stage of labor, and there was a relationship between birth weight and the duration of second stage of labor.

Suggestions: It is hoped that health workers will further improve IEC (Information, Education, and Communication) regarding safe gestational age, safe parity and balanced nutrition as a form of antenatal care for pregnant women which is very influential, especially during the second stage of labor. In addition, for pregnant women, it is better to perform quality ANC to predict whether mothers will be likely to experience prolonged labor or not and also to prevent prolonged labor and other complications of pregnancy and labor. Then, based on the results of ANC tests, the mothers immediately referred to a more adequate hospitals/maternity hospitals to monitor the condition of their pregnancy so as to prevent the risk that will be faced by the mothers and fetus during labor.

Keywords: Parity, Maternal Age, Birth Weight, Duration of Second Stage Labor

INTRODUCTION

Second stage of labor begins when the cervix is fully dilated and ends with the birth of a baby. The duration of second stage of labor commonly lasts 2 hours for primigravida mothers and one hour for multigravida mothers. Factors that affect prolonged labor include maternal factors, fetal factors, and birth canal factors. Maternal factors include age, his, premature rupture of membranes, and parity. Fetal factors include beaviour, position, positional abnormalities, and large fetuses, then birth canal factors include tumors in the pelvis, narrow pelvis,

abnormalities in the vagina and cervix (Hidayat and Sujiatini, 2018).

Prolonged labor is one of complications experienced by mothers during second stage of labor. Prolonged labor can cause several complications for both mothers and infants. Prolonged labor can harm both the mother and the infant. The harmful effects of complications during second stage of labor for mothers include the incidence of uterine atony, laceration, bleeding, infection, fatigue and shock and improving the birth rate with the C-section incision. Whereas the harmful

effects of complications during second stage of labor for infants include asphyxiated, cerebral trauma caused by pressure on the head of the fetus, the injury due to treatment, and premature rupture of membranes. The severity of the injury increases continuously along with the longer of the duration of the labor process, and the risk of which rises quickly after 24 hours. The longer the labor, the higher the morbidity as well as the mortality. The stage of labor affected by all such factors mentioned is called the second stage of labor (Oxorn dan Forte, 2015).

One of the indicators used to measure the health status of a country is the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). The World Health Organization (WHO) reports that the global maternal mortality rate is 211 per 100,000 live births. Sub-Saharan Africa and South Asia account for around 86% or as many as 254,000 of the estimated global maternal mortality. WHO reports that every day around 810 women die as a result of prolonged labor in stage II. Many maternal mortality occurs during childbirth, and some of the causes are the long second stage of labor (37%) and perinatal death caused by asphyxia in infants (28%) (Wahyuni, 2020).

In Southeast Asia, the maternal mortality rate reaches 152 per 100,000 live births, where the highest maternal mortality rate is Myanmar, with maternal mortality reaching 250 per 100,000 live births. Indonesia is in third place for the largest maternal mortality rate in the Southeast Asia region after Myanmar and Laos, reaching 177 per 100,000 live births. The causes of high maternal mortality rate in Indonesia include bleeding (42%), eclampsia (13%), abortion (11%), infection (10%), prolonged labor (9%) and others (15%) (Wahyuni, 2020).

The maternal mortality rate (MMR) in South Sumatra in 2018 was 120 cases, in 2019 was 69 cases, and in 2020 was 52 cases. The causes of MMR in South Sumatra in 2020 were 9% of prolonged labor, 6% of infections, 1% of abortions and 84% of others. MMR in OKU in 2018 was 12 cases, in 2019 was 7 cases, and in 2020 was 9 cases. Many maternal deaths occur during childbirth, 2.8% of deaths caused by the second stage of labor (Dinkes, 2020).

Factors that affect the duration of labor include age, parity, knowledge about the birth process, the size of the fetus, its position in the uterus and the level of anxiety. Several other factors affect the labor process, namely power (mother's strength), passage (birth canal), passenger (fetal condition), helper and psychological condition of the mother (Kuswanti, 2014).

The results of a study carried out by Susanti (2018) showed that there was a relationship between parity and the duration of the second stage of labor, with p-value of 0.005. Maternity mothers whose parity was at risk (> 3) were 0.289 times more likely to experience an abnormal length of second stage of labor compared to mothers whose parity was not at risk (OR = 0.289; 95% CI = 0.015-0.066). The more often a woman is pregnant and gives birth, the more disturbed the elasticity of her uterus. As a result, the uterus does not contract perfectly and results in post-pregnancy bleeding

The results of a study conducted by Masrurroh (2018) showed that there was a relationship between maternal age and duration of second stage of labor, with p-value of 0.005. Maternity mothers whose ages were at risk (<20 and >35 years) were 0.031 times more likely to experience an abnormal length of second stage of labor than mothers whose ages were not at risk (OR = 0.031; 95% CI = 0.008-0.122). A risk labor process occurs at the age of <20 years or > 35 years, because age is related to the quality of pregnancy or to the readiness of the mother in reproductive age.

A study conducted by Purwaningsih and Siti Fatmawati (2018) showed that there was a relationship between birth weight and duration of labor in second stage, with p-value of 0.005. The high proportion of prolonged labor incidence occurred in terms of large fetuses as many as 395 cases (15.11%), namely in fetuses weighing more than 4000 grams having difficulties in delivery due to the size of the head or large shoulders. Large fetuses can cause dystocia in labor, which is characterized by a delay or no progress in labor. This situation causes prolonged labor, intrapartum infection, uterine rupture and birth canal injury.

Based on the preliminary survey researchers conducted at the UPTD Karya Mukti Public Health Center, the data obtained were that the number of mothers who gave birth with prolonged labor in 2018 was 18 (38.8%). The number of mothers giving birth with prolonged labor in 2019 was 25 (40%). The number of mothers giving birth with prolonged labor in 2020 was 30 (41.8%). In 2021 from January to June the number of mothers giving birth with prolonged labor in second stage of labor was 12 (20.79%).

RESEARCH METHODS

This study applied a quantitative research design using an analytical survey method through a cross sectional approach. The cross-sectional study design is a study in which all the variables, both independent variables (parity, maternal age and birth

weight) and dependent (duration of the second stage of labor) are observed or collected at the same time (Notoatmodjo, 2014). The population in this study were all mothers giving birth at the UPTD Karya Mukti Public Health Center in August 2021. The sample in this study used the total sampling method with a purposive sampling technique. The sample was all maternity mothers who were coincidentally present at the time of the study at UPTD Karya Mukti Public Health Center in August 2021. Then, the data collected were analyzed using Chi-square statistical test to determine the relationship between independent variables and dependent variable

RESULTS AND DISCUSSION

Relationship between parity and the duration of the second stage of labor

The table above shows that of the 30 respondents, 20 respondents whose parity was not at risk (95.2%) experienced normal duration of second stage of labor, while 5 respondents (55.6%) whose parity was at risk experienced normal duration of second stage of labor. The results of the chi-Square statistical test showed that there was a significant relationship between parity and the duration of the second stage of labor with the p-value of $0.019 \leq 0.05$ and an OR of 9.157.

Tabel 1

Parity	Duration of Second Stage of Labor				Σ	%	p-value	OR
	Normal		Abnormal					
	f	%	f	%				
Not at risk	20	95,2	1	4,8	21	100	0,019	9.157
At risk	5	55,6	4	44,4	9	100		

The results of this study are in line with a study carried out by Susanti (2018) showing that there was a relationship between parity and the duration of the second stage of labor, with p-value of 0.005. In the study, maternity mothers whose parity was at risk (> 3) were 0.289 times more likely to experience an abnormal length of second stage of labor compared to mothers whose parity was not at risk (OR = 0.289; 95% CI = 0.015-0.066). The more often a woman is pregnant and gives birth, the more disturbed the elasticity of her uterus. As a result, the uterus does not contract perfectly and results in post-pregnancy bleeding. Mothers who have more than 3 children are at risk of experiencing a longer second stage of labor because after labor the stretching of the uterine muscles elasticity does not return to what it was before pregnancy.

Parity is the number of children born to the mother. During each pregnancy, the uterus enlarges, stretches the uterine muscles during the 9th month of pregnancy. As a result of this tension, after labor the elasticity of the uterine muscles does not return to the pre-pregnancy condition. The more often a woman is pregnant and gives birth, the closer the gap of each pregnancy and labor, the more disturbed the elasticity of her uterus. Consequently, the uterus does not contract perfectly and results in post-pregnancy bleeding (Susi, 2015).

The duration of second stage of labor in primiparas and multiparas is different. This is due to differences in cervical dilatation, in which at parity 2-3 (not at risk) the mother will experience cervical

effacement in the last 3 weeks of her pregnancy and perfect cervical effacement will occur at the time of entering labor. Whereas, in parity 1 (parity at risk) cervical softening often occurs without being preceded by cervical thinning. As a result, this patient will enter labor with a soft cervix where cervical thinning has not occurred properly, but thinning and opening will occur simultaneously during second stage (Susanti, 2018).

Based on the results of this study, there is a relationship between parity and long second stage of labor. Mothers whose parity was at risk experienced an abnormal duration of second stage of labor due to stretching of the elasticity of the uterine muscles. High parity is at risk of having a long second stage of labor because it is caused by the uterus having looseness in the uterine wall. This is because mothers often give birth, so it is likely that there will be many problematic health conditions (anemia or malnutrition). However, not all risk parities can cause prolonged labor. Many other factors can be the main causes of prolonged labor, for example malpresentation, based on the observations carried out by the researchers in the field, shows that babies experience buttock presentation, forehead, face or cross-section which can be the cause of prolonged labor.

Therefore, Karya Mukti Public Health Center recommend pregnant women whose parity is at risk take pregnant women classes. In classes for pregnant women, mothers will be taught about dealing with childbirth, how to care for pregnancy,

childbirth, post-partum as well as neonatal care. In the class, mothers are also taught about pregnancy exercises, starting from the age of 22 weeks until before labor. In addition, the mothers are expected to be able to have her pregnancy checked regularly with adequate antenatal care, so that pregnancy complications can be detected early and delivery is recommended to hospitals with adequate facilities.

Relationship between maternal age and the duration of the second stage of labor

The table above shows that of the 30 respondents, 21 respondents whose maternal age was not at risk (95.5%) experienced normal duration of second stage of labor, while 4 respondents whose maternal age was at risk (50%) experienced normal duration of second stage of labor. The results of the Chi-square statistical test showed that there is a significant relationship between maternal age and the duration of the second stage of labor with the p-value of $0.011 \leq 0.05$ and an OR value of 5,387.

Tabel 2

Maternal Age	Duration of Second Stage of Labor				Σ	%	p value	OR
	Normal		Abnormal					
	f	%	f	%				
Not at risk	21	95,5	1	4,5	22	100	0,011	5.387
At risk	4	50	4	50	8	100		

The results of this study are in line with a study conducted by Masruroh (2018) showing that there was a relationship between maternal age and duration of second stage of labor, with p-value of 0.005. In the study, maternity mothers whose ages were at risk (<20 and >35 years) were 0.031 times more likely to experience an abnormal length of second stage of labor than mothers whose ages were not at risk (OR = 0.031; 95% CI = 0.008-0.122). A risk labor process occurs at the age of <20 years or > 35 years, because age is related to the quality of pregnancy or to the readiness of the mother in reproductive age.

Age is individuals' age starting from the time he was born until his birthday. The more mature of a person is, the more mature of his level of maturity, his strength and his thinking will be. The gestational age that is safe/not at risk for the mother is between the ages of 20 and 35 years old. Age under 20 years old and over 35 years old is a vulnerable age for pregnancy or risk gestational age. The physical condition of pregnant women who are over 35 years old will greatly determine the birth process. This also affects the condition of the fetus. In the process of fertilization, the quality of the eggs of women of this age has decreased when compared to the eggs of women of a healthy reproductive age, namely 20 to 35 years old. (Prawirohardjo, 2014)

Based on the results of this study, there is a relationship between maternal age and long second stage of labor. Age is related to the duration of the second stage of labor due to the readiness and quality of pregnancy. In the labor process, mothers who are at the age of <20 years or > 35 years old are

more likely to experience risky labor. This is because age is related to the quality of pregnancy or to the readiness of the mother in reproductive age. Maternal factors that increase the risk of perinatal death are older mothers. In Old primigravidas, primigravida mothers who are over 35 years old, a stiff and inelastic perineum often occurs and this will hinder the second stage of labor and can increase the risk to the fetus. Meanwhile, at a younger age or <20 years, risks are often found for both the mother and the fetus, given the unpreparedness of reproduction.

Therefore, health workers at the Karya Mukti Public Health Center suggest pregnant women aged <20 years, if they are married, should use contraception to prevent pregnancy. Then, for mothers aged > 35 years should not get pregnant to avoid high risk factors in pregnancy.

Relationship between birth weight and the duration of the second stage of labor

The table above shows that of the 30 respondents, 23 respondents (92%) with normal birth weight babies experienced normal duration of second stage of labor, while 2 respondents (40%) with large birth weight babies experienced normal duration of second stage of labor. The results of the Chi-square statistical test showed that there is a significant relationship between birth weight and the duration of the second stage of labor with the p value of $0.022 \leq 0.05$ and an OR value of 3.405.

Tabel 3

Birth Weight	Duration of Second Stage of Labor				Σ	%	p-value	OR
	Yes		No					
	f	%	f	%				
Normal	23	92	2	8	25	100	0,022	3.405
Large	2	40	3	60	5	100		

The results of this study are in line with a study conducted by Purwaningsih and Siti Fatmawati (2018) showing that there was a relationship between birth weight and duration of labor in second stage, with p-value of 0.005. In the study, the high proportion of prolonged labor incidence occurred in terms of large fetuses as many as 395 cases (15.11%), namely in fetuses weighing more than 4000 grams having difficulties in delivery due to the size of the head or large shoulders.

Birth weight is the baby's weight immediately after birth which is weighed within the first hour after birth. There is a relationship between birth weight and gestational age. Birth weight can be categorized into preterm infants that are babies born with a gestation period of <37 weeks (259 days), full-term babies that are babies born with a gestation period between 37-42 weeks (259 - 293 days), and over-term babies that are babies born with a gestation period of > 42 weeks (294 days) (Prawirohardjo, 2014).

Normal newborns are newborns from term pregnancies of 37-42 weeks. Birth weight is the weight of the baby weighed within the first hour after birth. Classification based on birth weight is Low Birth Weight Babies (LBW), namely birth weight < 2500 grams, normal birth weight babies with birth weight 2500-4000 grams and babies with more/large birth weight with weight > 4000 grams (Saifudin, 2014).

Based on the results of this study, birth weight affects the duration of second stage of labor. Fetuses whose weight is \geq 4000 grams have difficulties during labor process due to the size of the head or the size of the shoulders. The hardest and largest part of the fetus affects the weight of the fetus; therefore, the head of fetus contributes to the measurement of birth weight. A large fetus can also cause dystocia in labor, which is characterized by a delay or no progress in labor. This situation causes prolonged labor, intrapartum infection, uterine rupture and birth canal injury. Birth weight is related to head circumference and shoulder width. Birth weight affects the length of labor related to the size of the pelvis. The anteroposterior diameter of the pelvic inlet (obstetrical conjugate) determines the adequacy of vaginal delivery. For example, if the conjugate is 11.5 cm, then it can be considered that

the pelvic inlet is not sufficient to deliver vaginally with a normal-sized baby and if the conjugate is more than 11.5 cm, then the pelvic inlet is considered sufficient to deliver a normal-sized vaginal baby.

Therefore, it is recommended that during pregnancy mothers have a healthy and balanced diet, do not eat foods that contain carbohydrates and high sugar which can increase the weight of the baby in a large womb which complicates delivery. Mothers are expected to do a complete ANC to find out the condition of the fetus in the womb. If fetuses in the womb have a large weight, it can be done by planning a cesarean section (SC) to save the mother and baby.

CONCLUSIONS

1. The frequency distribution of normal duration of the second stage of labor was 25 respondents (83.3%), and the frequency distribution of the abnormal duration of the second stage of labor was 5 respondents (16.7%). The frequency distribution of non-risk parity was 21 respondents (70%), and the frequency distribution of risky parity was 9 respondents (30%). The frequency distribution of maternal age that is not at risk was 22 respondents (73.3%), and the frequency distribution of maternal age that is at risk was 8 respondents (26.7%). The frequency distribution of normal birth weight babies was 25 respondents (83.3%), and the frequency distribution of large birth weight babies was 5 respondents (16.7%).
2. There was a relationship between parity and the duration of the second stage of labor at UPTD Karya Mukti Public Health Center, Sinar Peninjauan District, OKU Regency in 2021, with the p-value of $0.019 \leq 0.05$.
3. There was a relationship between maternal age and the duration of the second stage of labor at UPTD Karya Mukti Public Health Center, Sinar Peninjauan District, OKU Regency in 2021, with the p-value of $0.011 \leq 0.05$.
4. There was a relationship between birth weight and the duration of the second stage of labor at UPTD Karya Mukti Public Health Center, Sinar Peninjauan District, OKU Regency in 2021, with the p-value of $0.022 \leq 0.05$.

SUGGESTIONS

1. For Study Programs at Universitas Kader Bangsa
The results of this study are expected to be a comparison and reference material for future research and for other researchers who conduct similar research so that they can be more varied in selecting the variables studied in order to achieve optimal research results.
2. For UPTD Karya Mukti Public Health Center
It is hoped that health workers will further improve IEC (Information, Education, and Communication) regarding safe gestational age, safe parity and balanced nutrition as a form of antenatal care for pregnant women which is very influential, especially during the second stage of labor.
3. For Pregnant Women
It is better to perform quality ANC to predict whether mothers will be likely to experience prolonged labor or not and also to prevent prolonged labor and other complications of pregnancy and labor. Then, based on the results of ANC tests, the mothers immediately referred to a more adequate hospitals/maternity hospitals to monitor the condition of their pregnancy so as to prevent the risk that will be faced by the mothers and fetus during labor.
4. For Researchers
It is hoped that the researchers can implement the knowledge gained during college and in the field.

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